

CHEMIST & DRUGGIST

a Benn publication

July 12 1980

**The case for
a common
computer
code for
pharmacy**

**Media men
on how to get
pharmacy
in the news**

**Reflections
of a CSM
chairman**

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CHEMIST & DRUGGIST

Incorporating Retail Chemist

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COMMENT

Common code

Tuesday's representative meeting on a common interface computer code for pharmacy (pp40 and 46) must be counted a success in that it achieved all of its declared objectives.

Under the sponsorship of Independent Chemist Marketing Ltd, it brought together no fewer than 34 companies and organisations, ranging from the Pharmaceutical Society, the Department of Health and the Prescription Pricing Authority, to manufacturer and wholesaler associations, *C&D* and individual retail pharmacists with computer experience. There was little dissension over the advantages of introducing a common code, and the meeting went on to appoint a working party to begin determining the criteria for such a code.

So far, so good. However, it was evident from the discussion and over-lunch lobbying that this first hurdle of agreement was the simplest part of the exercise. ICML's computer consultants had given a well-researched presentation concerning the need for a common code, the suitability of existing codes, the potential for future applications, and the role of an authority to control the code once established. Their legal adviser gave an opinion on how the code might be protected, probably through copyright law.

The consultants' conclusion at this stage of their investigations was that the *C&D* Price Service code offered the greatest potential, although requiring development—to which *C&D*'s publishers have agreed in principle. Some contributions to the discussion were in favour of going directly to a code based on the European Article Numbering system, however, but we believe such considerations to be premature and entirely within the remit of the new

working party.

During the meeting, one speaker accused the ICML consultants of being too parochial in respect of pharmacy. That may be true, but the code under discussion will only be of use if real thought has been given to its value to pharmacy. Many things make this trading profession different from other professional traders, and it can never be taken for granted that what is good for the one is good for the others. Here the code itself is only part of the issue, though an important one. For example, Mr Roger King, the Hull retail pharmacist who has courageously developed his own point-of-sale system of automatic stock control made a telling point about code lengths that can comfortably be dealt with by the many mature, part-time staff upon whom independent pharmacies often rely.

There must be many such points of practical application that do not come readily to the minds of company computer experts, association secretaries, etc, so we hope that the working party, once it has established its campaign of action, will consult widely—and not least at the "grass roots" where the benefits of their wisdom (or the results of their folly) will be reaped.

For its part *C&D* is anxious to play a constructive role in the exercise, and we have already been involved in extensive investigations concerning our code development and List expansion. How we can help will be for the working party to decide, but all of pharmacy will be looking for results within a fairly short time span, since recent wholesaler activity has left most independents wary of placing too many eggs in any one basket.

However, the final word on the common code must go to computer consultant Mr Stan Mackintosh: "I believe we now have the will to make it happen." May he prove to be right, and congratulations to ICML for setting the ball rolling.

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Working party to develop pharmacy computer code

Agreement has been reached that there is need for a "National Pharmaceutical Interface Product Code" ("PIP code") to enable exchange of computer information.

Representatives of some 34 organisations—professional, commercial and governmental—attended an inaugural meeting in London on Tuesday and nominated a ten-member working party to progress the development of such a code—which, among other things, would allow a retail pharmacist to order goods from more than one wholesaler using the same code. The meeting was called by Independent Chemists Marketing Ltd, whose managing director, Mr Arthur Trotman, has agreed to chair the first two meetings of the working party, which has determined that it will first draft its terms of reference.

Additionally, discussions will be held with the Article Numbering Association in an attempt to determine how a PIP

code might be made compatible with the ANA system already in use by some manufacturers distributing products through pharmacies.

The working party will also consider other coding systems, recognising the need for an effective PIP code which will be simple for retail application.

Members of the working party are: Pharmaceutical Society, Association of the British Pharmaceutical Industry, Department of Health, National Association of Pharmaceutical Distributors, Proprietary Association of Great Britain, Boots, National Pharmaceutical Association, Vestric (not members of NAPD), Prescription Pricing Authority, and Mr Roger King, an independent retail pharmacist with a computer interest. See also p39 and 46 ■

Society to meet ICML about Numark advertisement

A meeting between representatives of the Pharmaceutical Society and Independent Chemists Marketing Ltd is to be held as the result of an ICML newspaper advertisement which was not within the guidelines laid down by the Society's Council after the "Unichem settlement."

The advertisement, which appeared in the *Daily Mirror* on April 14 and carried the title "chemist" in four places, was questioned by the Society's Ethics Committee. Mr Arthur Trotman, ICML managing director, asked for a meeting to discuss some of the difficulties encountered when attempting to follow the guidelines (*C&D*, June 7, p961).

Council this month agreed to the

meeting and that the Society's representatives should be Mr W. M. Darling and Mr G. E. Appelbe, head of the Society's law department.

■ The Pharmaceutical Society is to consider corporate advertising of professional services, Council agreed at this month's meeting.

The decision follows a proposal by a pharmaceutical company to provide pharmacists with car window stickers reading "Consult your chemist, a professional service to the community". The Society's Ethics Committee considered that such corporate professional advertising should be undertaken under the control of the Society, if undertaken at all.

NPA & PATA meet on notional prices

Representatives of the National Pharmaceutical Association met the president and secretary of Proprietary Articles Trade Association last week for an urgent discussion about the consequences of the imposition of "notional" prices by wholesalers.

A Press statement issued after the meeting says: "Of particular concern to both sides were the likely effects of notional pricing upon the continuation of RPM at the wholesale level and its 'knock-on' effect upon the continuation of RPM on OTC medicines, and also the impossibility of true cost reimbursement to pharmacy contractors. A further meeting has been planned and, meanwhile, discussions are being held with other organisations involved. A close watch is also being kept on further developments" ■

Tenterden reaction

The public reaction to the PSNC leaflet campaign in Tenterden seems to be "favourable".

The campaign was started in response to the refusal of local doctors to abide by the voluntary "standstill" on rural dispensing (*C&D* June 28). The leaflets are being delivered to local residences and also being handed out, with prescriptions by the three pharmacies in Tenterden. There has been no great reaction from the public but, according to one of the pharmacies, the general feeling seems to be favourable to the pharmacists.

■ A motion proposing that the Clothier "standstill" should be ended was defeated at the recent Local Medical Committee's conference ■

Sanpro advertising

The six-month test trial for sanpro advertising has just finished and the Independent Broadcasting Authority report that they have received over 900 complaints concerning the trial. This compares with an average of 60/70 complaints a month for other television and radio spots.

The trial will now be followed by research into public reaction before any further decision ■

Dismissal was fair, says tribunal

An assistant regional manager of R. Gordon Drummond Ltd, sacked for employing a bogus pharmacist, has had his claim of unfair dismissal rejected.

An industrial tribunal at Bristol unanimously decided that Mr Geoffrey Burrows' complaint of unfair dismissal had failed. The tribunal had reserved its decision at the original hearing (C&D June 28, p1114) but has now decided that the company acted reasonably in all the circumstances of the case and fulfilled the necessary requirements of the 1978 Employment Protection Act.

Mr Burrows had arranged that the bogus pharmacist—"Dr Bousquet"—would work as a locum at various branches in his region. The tribunal said that Mr Burrows failed to make adequate inquiries about Dr Bousquet's credentials and was "hoodwinked". He was in grave breach of his duty to his employers and the public, they said, and the fact that Dr Bousquet was a foreigner should have made him take special care. However Dr Bousquet was allowed to act as a pharmacist on 18 days at five of the company's shops.

In late November 1979 Mr Burrows became suspicious about Dr Bousquet and made inquiries, but not of a thorough nature, the tribunal said. Dr Bousquet should have worked at the Dursley branch on December 1, 1979, but failed to appear and disappeared without trace. Mr Burrows had taken no steps towards cancelling this appointment and had Dr Bousquet turned up he would have carried on as usual. Meanwhile Mr Burrows had presented a locum pharmacist list for December to his employers and although in late November he became aware that Dr Bousquet was not a registered pharmacist, he had not removed his name from the list.

Changed mind

On December 5, 1979, Mr Roy Henstock, operations director for R. Gordon Drummond, told Mr Burrows that he had received information about him employing a person who was not a pharmacist. Mr Burrows could not provide a satisfactory explanation and was told he had seriously failed in his duties and, as it was a professional matter, it would be better if he resigned. He indicated that he would resign but then changed his mind.

When Dr David Maddock,



"I always love the week after Wimbledon."

superintendent pharmacist, received Mr Henstock's report, he decided to dismiss Mr Burrows. After communicating with the Pharmaceutical Society he wrote a dismissal letter on December 18, 1979, in which he informed Mr Burrows that his employment effectively ceased from December 3. The tribunal said that Dr Maddock was wrong in considering the effective termination date to be December 3, but found this an unimportant procedural error. They agreed that the dismissal date was December 18.

At the tribunal it was submitted for Mr Burrows that there was no question of him having acted wilfully or in bad faith. He made an understandable mistake and the penalty of dismissal was too severe. His counsel also criticised the dismissal procedure. However the tribunal rejected these submissions.

Public risk

The company submitted that they could not condone Mr Burrows' dereliction of duty. Apart from the risks to which the public were exposed and the serious position in which they, and Dr Maddock personally, were placed, how could they be expected to have any further confidence in Mr Burrows? The tribunal said these were sound submissions. If any offence was committed by an employee of Dr Maddock's company, the ultimate sanction could be that his name was removed from the Pharmaceutical Society's register, they said, with grave ramifications for his company.

The Pharmaceutical Society would always be influenced by the company's attitude to the offence and by the action taken. If a company condoned an offence by continuing to employ the assistant regional manager responsible then the Society might well consider that sanctions were called for. In this case the Society appeared to have been influenced by the company's actions as it was considered that a written warning was sufficient. ■

'Industrial pharmacists neglected'

Neglect of the industrial pharmacist by the profession as a whole has allowed others to seize the opportunities that the industry offers, Dr B. A. Wills, chief pharmacist to the Department of Health, said last week.

Opening a new sterile products facility at Roche (see p66) Dr Wills said there had been a failure to attract young pharmacists of the requisite high calibre into industrial practice and, having got them there, to ensure development of their careers. As a result "we face the prospect of a steadily diminishing opportunity for pharmacists in what we can regard professionally as *our* industry".

Dr Wills maintained that an industrial career offered the pharmacist "the most challenging, exciting, responsible and satisfying" means of applying the unique combination that constituted the pharmaceutical sciences.

It was for those reasons—as well as the advantages to employment and the country's balance of payments—that Dr Wills welcomed the continued Roche investment in the UK, in terms of plant, buildings and human resources, both in production and research. The presence at the opening of a number of pharmacists with high responsibilities in the company was evidence of Roche's ability to both recruit and retain very able pharmacists, Dr Willis maintained.

On the plant itself, he said: "The layout of operations is ingenious, the detailed design and construction fascinating, the equipment of high quality and, in some instances, specially constructed for novel requirements." ■

Pharmaceutical Society of Great Britain

Dispensing obligation queried

The Pharmaceutical Society is to support a proposal of the Pharmaceutical Services Negotiating Committee that a pharmacist should be released from his obligation under NHS Regulations to dispense "with reasonable promptness" when a person is drunken, insolent, quarrelsome or disorderly or, in the pharmacist's opinion, should not be in possession of the drugs ordered.

After considering a copy of a letter from the PSNC to the Department of Health, the Practice Committee agreed at this month's Council meeting that the Society should make similar representations.

The Committee also considered whether it should support a further PSNC claim that emergency supplies of Prescription Only Medicines should be covered by provisions within NHS legislation. Council agreed that representation should be made to the Department on similar lines.

■ The Practice Committee discussed a letter from the Department to the General Medical Services Committee on the implementation of the Clothier Committee recommendations. The Department believed that any adjustment of the remuneration of a doctor or pharmacist who might be adversely affected by a change in dispensing arrangements would not be met by the Government, and would therefore have to be funded from the overall remuneration of the professions themselves.

■ The Society has agreed with PSNC that a second pharmacist allowance should be paid when a pharmacy dispenses more than 24,000 prescriptions per annum. The Society had previously supported PSNC's contention that the allowance should be paid at over 30,000 prescriptions per annum, but PSNC had decided to reduce the number to 24,000 partly because of the more onerous supervision requirements from February 1, partly because of the increasing potency and complexity of modern medication and partly because of the Department's current policy of encouraging patients to consult their pharmacists first. These

factors would considerably increase the pharmacist's workload.

■ The Ethics Committee considered a letter from the Scottish Department Executive expressing the view that the credibility of the general practice pharmacist as an agent of health education was difficult to maintain so long as pharmacies were seen by the public and by other health professions, to be selling cigarettes and tobacco. The Executive therefore deplored Council's recent reply to a branch representatives' meeting resolution that the sale of tobacco from pharmacies was "a matter for the professional discretion of each pharmacist", and unanimously recommended that the Council should review its present policy regarding the sale of cigarettes and tobacco from pharmacies.

The Committee concluded that a ban on tobacco sales from pharmacies would not be enforceable, if indeed lawful. However, the Committee strongly deprecated such sales and recommended that that view should be conveyed to the Scottish Executive and to R. Gordon Drummond Ltd, who sold cigarettes and tobacco in Scotland. The recommendation was adopted.

■ The Society is concerned at the possible impact on pharmaceutical services of "medical centres" being established in large stores.

The Ethics Committee heard that a letter had been received from the British Medical Association asking for comment on the proposal by Debenhams Ltd to operate such centres. Concern was expressed that such a development could lead to a reduction in the pharmaceutical service in the surrounding area. There was also the possibility of problems in the doctor/pharmacist relationship. Council agreed that a reply should be sent to the BMA expressing anxiety as to the impact on pharmaceutical services of such a development.

■ Council has agreed that proposals to establish pharmacies in private health centres or group medical practices should be considered by the Ethics Committee on their individual merits.

■ The Data Sheet Compendium is to remain as an alternative to the Society's Index of New Products in the list of reference books required in establishments approved for preregistration experience. It was also agreed that MIMS or a similar catalogue should remain a required publication.

■ The requirement that the number of pre-registration graduates in any

establishment should not exceed the number of pharmacists is to be relaxed to allow up to three weeks overlap when one graduate completes his year and another begins.

■ Council is to encourage joint preregistration periods linking general practice and industry. The working party on careers in the industry asked the general practice subcommittee to consider how general practice preregistration tutors could be encouraged to participate in joint schemes after the introduction of the new preregistration experience requirements in 1981. The subcommittee noted that any such scheme would need to be approved by Council before the graduate started. The total 52-week scheme would be looked at by the Council in relation to the newly stated aims and objectives and would require close co-operation between the two tutors. Council agreed to encourage publicity for such schemes.

Society silk ties

■ Silk ties bearing the Society's coat of arms are to be available for sale to members at £8 each, inclusive of postage, packing and VAT.

■ No action is to be taken over the practice of some manufacturers of stamping expiry dates on the crimp of collapsible tubes. The crimp was often the only practicable place on which to stamp an expiry date.

■ A letter is to be sent to the Department of Health pointing out the possible problems when different antibiotics made by different firms are presented in capsules identical in size and colour.

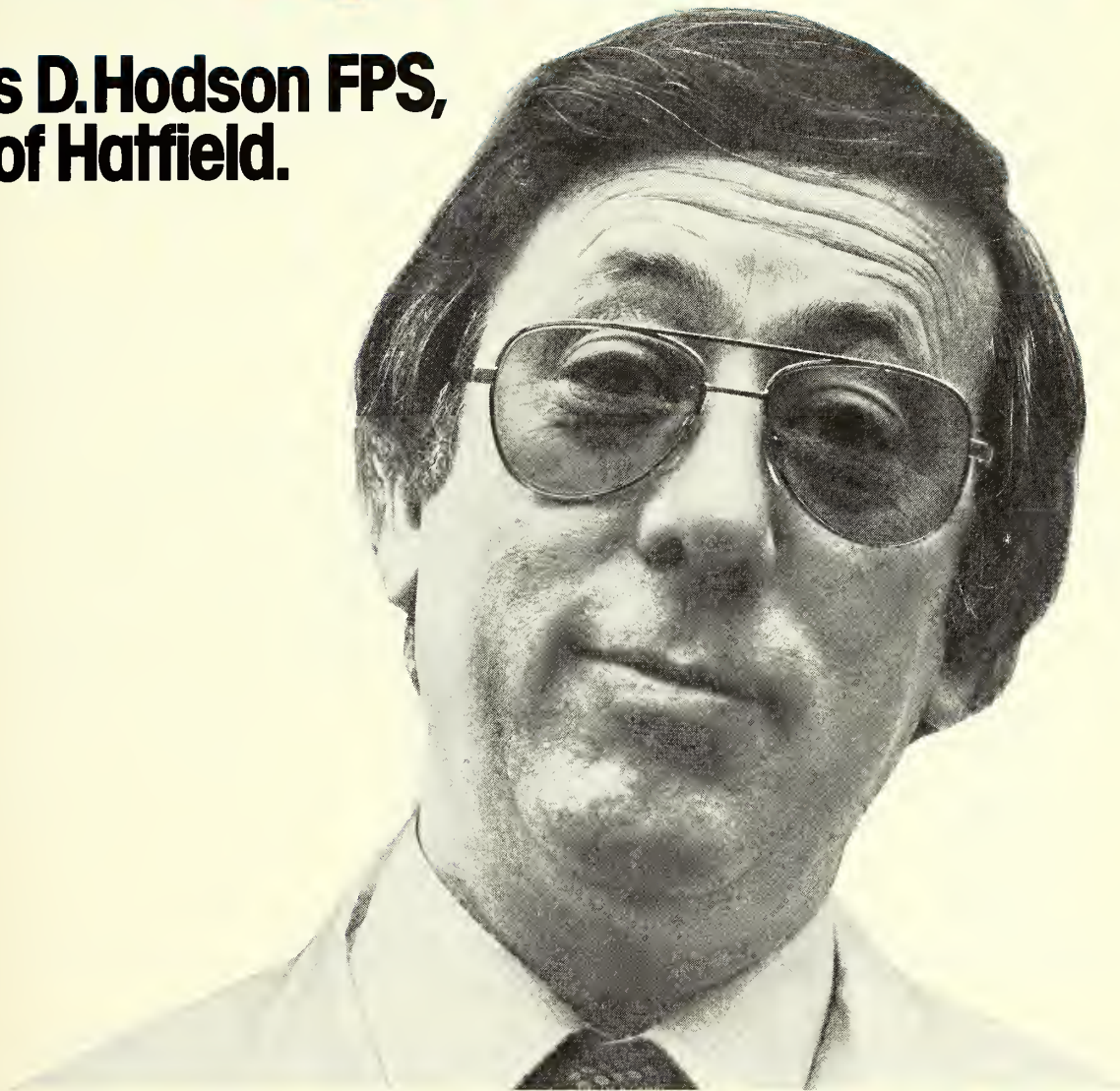
■ The Society is to seek a meeting with the British Medical Association to discuss the possibility of future co-operation in the use of computers in surgeries and pharmacies.

■ Council has agreed that "notional pricing" and discounting by pharmaceutical wholesalers are to be deprecated, because of the potential effect on the public through a reduction in the pharmaceutical service. Council agreed to await the outcome of the NPA's meeting with wholesalers before taking any further action.

■ Mr Darling said that, following his appointment to the Supply Council, pressure of work meant he had to reduce his other commitments so he had resigned from the Health Education Council. Council agreed to write to the Secretary for Social Services for another pharmacist to be appointed.

“Numark gives me over £200 million buying power.”

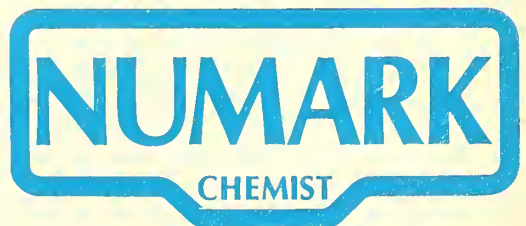
**says D. Hodson FPS,
of Hatfield.**



“To hold your own against the multiples, you’ve got to compete on equal terms. Numark enables me to do just that. The Numark Group’s total turnover gives me all the buying power of the big boys, but leaves me completely independent.

Every month, the national promotion provides me with a dozen or more brand leaders at prices which make me really competitive together with the heavyweight national advertising and point of sale back-up which really sell products.

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To make your bathtime more enjoyable we're taking something off.



**10p Off
your next
purchase**

of any 250 gram size of
Cussons Morning Fresh Talc,
Cussons Baby Powder
Imperial Leather Family Talc.

TO THE CONSUMER
Use this coupon as part payment (10p) for a 250 gram size of Imperial Leather Family Talc, or Cussons Baby Powder or Cussons Morning Fresh Talc.
Only one coupon valid against any one unit purchase.
This coupon is valid until October 31st 1990.

TO THE STOCKIST
Cussons Redeemable Coupons, Dept. 345 (N.E. 11),
Cable, Northants, will redeem this coupon at face
value plus normal handling allowance, providing it has
been accepted as part payment for any one of the three
Cussons Talc products named above.
This voucher should not be accepted as part
payment for any other products, or exchanged for cash,
to do so would constitute fraud on Cussons Ltd.
and disqualify you from redeeming this voucher.
All such here must be redeemed by December 31st 1990.

Cussons

Cussons talcs are putting money off coupons in the national press. Ten million of them, redeemable against any 250gm size of Imperial Leather, Morning Fresh or Baby Powder.

Now, different people buy different talcs. So if you want to take full advantage of our advertising you should stock all three of them.

If you don't it's odds on there'll be some ladies who'll go elsewhere.

Can you blame them? After all, nobody's as good in the bathroom as us.

Cussons
TALCUM POWDERS



Mr Arthur Long

Mr Arthur Long, MPS, has retired as manager of the Co-operative Wholesale Society's Droylsden pharmaceutical works and Irlam soap works after 43 years service to the pharmacy profession. Also an ophthalmic optician and contact lens practitioner Mr Long is a past president of the National Association of Co-op Superintendent Pharmacists and vice-president of the European Union of Co-op Pharmacists. ■

Dr N. K. Subhedar, department of pharmaceutical sciences, Nagpur University, India, has been awarded a Royal Society Commonwealth bursary to work on the artificial induction of sexual maturation of the eel by injecting HCG/salmon gonadotrophin. The study will be at the department of zoology, University of Hong Kong, for 12 months. The Royal Society has made 17 awards under its Commonwealth bursaries scheme. ■

Mr A. J. Douglas, FPS, of Seward Pharmaceutical, East Grinstead, has been elected president of the Southern Counties Chess Union. This is the second time in the past four years that Mr Douglas has held this office, which carries with it membership of the management board of the British Chess Federation. ■

Mr George C. Hodgson has been elected chairman of the British Aerosol Manufacturers' Association in succession to Mr Richard Knollys. Mr Hodgson is sales and marketing director of Aerosols International Ltd, and a founder member of the Association.

Mr Harold E. Wilson, MPS, is to retire on July 19. He has been superintendent pharmacist of Sheffield and Ecclesall Co-operative Chemists Ltd since 1969. Previously he was a proprietor pharmacist in Scarborough. ■

By Xrayser

Customers

I run a small photographic department in my shop. Nothing remarkable, a dozen or so quality cameras and some cheapies for the kids, lots of films and a D&P counter where from time to time we feature our customers' best prints. I spend a lot of time talking to people about our hobby and on the whole consider it well spent, for I know my job and have found that consistent helpfulness has generated both goodwill and sales.

However it is not easy to compete with the mail order price-cutters, who seem to work on 5 per cent with say, the Canon range. I don't try now, but offer my products at reasonable prices coupled with convenience to the customer and proper instruction and after-sales service. To all except Mr Starling that is . . . as from yesterday. This man, quite wealthy, has been in and out of my shop, looking at my wares, discussing the merits of this and that for as long as I can remember, singing songs of praise about the instant focus this or the programmed shutter that, handling my stock and talking.

He always seemed to have something unsaleable to trade in. February it was a Polaroid obsolete, March it was pocket miniature, April a Chinny zoom, this month a "Cuddlissimo" with extra added faults so I asked him where he got all this junk from, "Oh," he said, "I never buy from you, your prices aren't good enough, look . . ." From his pocket he took the torn-out page from a current *AP*. "Look, I thought I'd ask your advice about this camera and see how it works before I bought it, but they didn't offer me enough for the trade-in so I thought I'd give you a chance. After all you're local." Loco, more likely, I thought "Goodbye Mr Starling", I said, "Try singing somewhere else."

Old faithful

A middle-aged, pleasant-looking woman stood in the shop, waiting. I didn't recognise her, yet there was something familiar about her which made me feel that I should. Anyway when one of my assistants went to serve I heard my name asked for, and went forward to the counter. "I'm Mr Dalibour's daughter, I've called in to tell you

that he died last week, and to thank you . . . etc". Yes I recognised her now, for I knew her father well, particularly over the past ten years when I had come to admire that son of Lancashire, a natural comedian, who accepted with a matter-of-fact stoicism the burdens of old age.

In his case there were heart problems, partial blindness and an undiagnosable stomach pain, so that his monthly scripts had become substantial eight or nine item affairs, with some fairly exotic products held specially for him. These, rather exasperatingly, he would check meticulously on receipt for accuracy, count and expiry date. "To save trouble later," he would explain. "You won't mind if I open these Simplane drops . . . just to see they haven't turned brown, you understand . . . Couldn't have that, lad, could we?" And once there was a brown one, to his enormous pleasure at my discomfort. "Not your fault" he laughed, "but get me another soon, for I wouldn't want to be without them". And off he would stump, pleased at his astute handling of the chemist.

Brave man

I'll miss him, for at 85 he was great fun. Even as this was passing through my mind I heard his daughter continuing, "We found rather a lot of medicines in the house and wondered if you could use them or dispose of them for us, please?". And she drew from her shopping trolley (which I recognised as his) a plastic carrier bag literally full to the brim with unopened bottles of the various items I had been dispensing. I didn't believe my eyes, for there must have been the whole of three or four months treatments, just as I had dispensed them. I gave a rather weak "Er, yes, yes, of course, thank you," while my mind was working overtime. As I looked up, her eyes caught mine, and I'm sure we knew the same thought. "I think my father was a very brave man, Mr Xrayser, don't you?" she said. ■

Making the case for an interface code

The concept and application of a common interface computer code for pharmacy were outlined to Tuesday's inaugural meeting (see p.40) by Mr S. Mackintosh, of Mackintosh, Mackintosh, Johnstone & Partners, computer systems consultants. The following text is extracted from the background document being made available to interested parties.

There have been several initiatives to establish a national, or even international, product code for pharmaceutical applications. However as one gets down to detail it is quickly discovered that it is impractical to introduce a code which is meaningfully structured for the many different applications which constitute the pharmaceutical profession and industry.

For example, the DHSS and academic sectors are interested largely in pharmaceutical products and their classification, while the general practice pharmacist must deal with an additional, even wider, range of OTC items. The wholesaler needs an alphabetically-based code for fast access by his order clerks to the correct item when taking orders over the telephone directly into a computer system, but he may also have numeric code with implied structure or additional classification data in order to help in efficient computer processing of stock data etc. As it is impractical to implement a single product code for all purposes, the concept of an "interface code" has been developed. This code would provide a single, simple method by which computer-based product data can be communicated from one "regime" to another. It is suggested that this numbering system be known as the Pharmaceutical Interface Product Code ("PIP Code").

■ **Basic parameters:** The code itself should be numeric, so as to allow the use of low-cost data entry devices. It should be as short as is consistent with the range of products to be covered, so as to minimise data entry tasks and reduce the scope for transcription errors. It should also include a check digit verification scheme to eliminate most data entry errors at source. There should be a regular and reliable procedure for

notifying users of additions, changes and deletions.

The need for a national product code is perhaps perceived most strongly by the general practice pharmacist. The potential efficiencies in "electronic ordering" by means of hand-held data entry terminals or pharmacy computers could soon be dissipated if, in spite of being "labelled-up" using a given wholesaler's product codes, he must place substantial business to other second-tier wholesalers because of declining service levels or other reasons. Looking to the future, the prospect of having to handle multiple coding systems in order to obtain a comprehensive service as the industry "rationalises" is hardly to be contemplated.

It is clear that PPA endorsement of automatic data transfer for pricing purposes is unlikely to be given on the basis of a multiplicity of

uncontrolled coding schemes.

The wholesaler needs as free a market as possible if he is going to be able to derive benefit from efficient operation or superior service levels. Whilst there may be a short-term "locking-in" effect to the benefit of his turnover if he can persuade his customers to standardise on his own product codes, he can also lock himself out of accounts which have majored on other suppliers' systems. The use of a common product code can eliminate this restriction on trade to the benefit of wholesaler and retailer alike.

To general practice pharmacy, adoption of a national PIP code means the potential for a simplified and uniform coding and classification system which encompasses product labels, price list, shelf edge labels, PLOF's, invoices, and prescription endorsements, and allows him equally unrestricted access to any wholesaler. He can maximise the return on the investment he may have made or may make in hand-held terminals, pharmacy computers or POS systems, and he is involved in the minimum administrative commitment to maintaining product files and references.

The benefits earned by efficiencies in other stages of the distribution chain are likely to work through to him indirectly, in the form of better or more cost-effective service from his suppliers, without diminishing his independence. Automated prescription pricing offers benefits in which both the Government and the profession can share.

Methods

To set up an entirely new code and an entirely new data base, would be expensive and time-consuming. We have therefore considered in detail the EAN and *Chemist and Druggist* Price List codes.

■ **EAN codes:** European Article Number numbers and bar-codes are now beginning to be included in the original labelling of OTC products. This code originated in the grocery industry which subsequently established a company called "Article Number Association (UK) Ltd" with membership available to consumer goods manufacturers, retailers, wholesalers, POS equipment suppliers, and other companies associated with the industry.

The main purpose of this company is to allocate five-digit "manufacturer

numbers" to members. The individual manufacturer is then entirely responsible for allocating his own five-digit product codes for his products. The final EAN code is then made up of a two-digit number for country of manufacture ("50" for UK) followed by the five-digit "manufacturer number", followed by the five-digit product number, followed by a check digit, giving a total of 13 digits. Exceptionally, for very small packs, a manufacturer may be allocated a manufacturer number in the range 00001 to 00099, so that by limiting his product numbers to three digits and suppressing leading zeros, he can use an 8 digit "short" EAN code. (Two digit country code, two-digit manufacturer number, three digit product number, check digit.)

The EAN number is invariably associated with a corresponding bar-code when it appears on products.

This reflects its primary purpose of facilitating automation at supermarket checkouts by the use of bar-code scanning equipment.

There is no central database relating specific EAN numbers to specific products. It is the responsibility of individual retailers to include the EAN numbers of the products they handle in their own files for price look-up purposes.

While initially it was anticipated in some quarters that the EAN code would become the primary reference for products in retailers' computer-based merchandising systems, this has not proven to be the case. The ANA technical working party have found that users' own product coding systems are usually more convenient than the rather extravagant but largely unstructured 13-digit EAN, and that for many merchandising purposes a one-to-one relationship between record-keeping and pack variations is not necessarily required.

An important drawback of the EAN code is that the spread of its application, which is only by source marking since there is no central allocation of numbers, is at a rate which is not directly controllable. Estimates for the date by which 80 per cent of supermarket items will be so coded vary, but 1983 is now commonly quoted. The pressure is being exerted by major retailers who have indicated that they will not handle non-coded items after this date. The requirement for a PIP code is, however, most urgent and it is unlikely that the EAN timescale would be suitable, particularly since electronic ordering systems need a 100 per cent coding level.

With regard to the extension of the EAN system beyond the grocery industry, the feeling of the working party is that this may be neither feasible nor important.

A final point to be considered is the extent to which the cross-over between retail grocery and retail pharmacy is reflected in the extent of EAN coding to be apparent in general practice pharmacy.

Of the 210 or so manufacturers who are members of ANA, about 48 (or 23 per cent) are also suppliers to general practice pharmacy. Additionally, ANA membership is held by Boots the Chemists Ltd, Independent Chemists Marketing Ltd, Vestric Ltd, and Benn Publications Ltd (publishers of *C&D*).

However, seen in terms of the 800 or so suppliers listed in the *C&D* Price List, the ANA members represent only about 6 per cent by number of suppliers to general practice pharmacy.

The ANA have suggested a way whereby a six-digit PIP code could be embedded in a full EAN code, so that manufacturers with distribution in the pharmaceutical sector as well

as the grocery sector, could, with prior planning, have a compatible EAN/PIP code: we have not yet evaluated this approach.

■ *C&D Price List code*: There are some obvious and significant advantages of the *C&D* code as a basis for the PIP code. The first is the existence of a fairly comprehensive data file of some 26,500 line items including all branded goods normally encountered in general practice pharmacy. Associated with this is an experienced price and product updating service of many years standing. The Price List itself is in frequent daily use throughout the distribution sector and circulation is virtually 100 per cent in general practice pharmacy.

The code is six digits long, including a check digit, which is the shortest that one could reasonably expect to achieve in view of the product range. Numbers already allocated fall into the range of 000051 to 500089, so there are over 40,000 numbers available for allocation, providing adequate scope for extension and for allocation of blocks of numbers for special purposes.

The main drawback is that certain colour/shade, etc, variants of OTC items do not have individual entries. This can be arranged however. There are programming and clerical costs in extending the *C&D* Price List files, but these are low in comparison with other possible approaches.

■ *Other codes and databases*: The SDA coding system is in fairly wide use for the purpose of reporting wholesaler sales for statistical purposes. This uses a four-character alphabetic code and is largely concerned with ethical. The alphabetic code is not a suitable base for a PIP code and the product file is very limited in comparison with the full range of general practice pharmacy products. The Nielsen, existing wholesaler and foreign codes have also been considered.

Prior commitments

Since the question of a national pharmaceutical interface product code is being considered at a relatively early stage in the development of general practice pharmacy computer systems, there are not too many problems arising from prior developments and commitments to pharmacy computer hardware.

However, in the Unichem "Prosper" system use of the terminals with the present *C&D* code would not be possible without replacement of certain hardware components or a change to the *C&D* check-digit system.

In the case of Vestric "keypad" terminals there is no easy solution apart from the modification of the terminals, since the Vestric code is

alpha-numeric and therefore incompatible with the PIP code concept. Fortunately, there are relatively few terminals in the field.

As indicated earlier, it may be desirable to allocate blocks of PIP codes for special purposes. Such special purposes may include: Wholesalers' own codes for special offers; retailers' own codes for non-branded or special products; "dummy" codes for departmental analysis only; "generic" codes; reservations for future special allocation.

Further openings

The basic and earliest requirement is a product numbering scheme related to a comprehensive file of product descriptions. Beyond this there are a number of developments possible.

■ *Bar coding*: For general practice pharmacy bar-coding of products is unlikely to be necessary for POS applications, since the pace at point-of-sale in the typical chemist's shop can easily accommodate the keying-in of a six-digit PIP code. This is especially so since most POS units will have a price-look-up facility for the fastest moving items, which require only the input of a short (one to three digit) "velocity code".

Similar remarks could be directed at shelf-edge bar-coding in the case of stock taking/ordering by use of hand-held terminals, since the improved speed of bar-code reading with a light pen may be outweighed by ergonomic or economic implications. This would also be true of reordering from shelf edge or dispensary product labels.

The case for bar-coding is not therefore clear-cut, and further consideration needs to be given to the question of whether it is necessary or desirable and, if so, which bar-code system to adopt as a standard.

■ *Shelf labels*: Both Vestric and Unichem are presently issuing shelf edge labels in their own codes, and there are several smaller schemes. It is anticipated that in due course these non-standard schemes would be replaced by a shelf-labelling service based on the PIP code and provided, with the economies of scale, by the PIP code authority.

A shelf-edge system making provision for reorder level/reorder quantity entries could be the basis for a valuable SLIM (Shelf Level Inventory Management) ordering procedure for chemists, without the prior requirement for data entry terminals, and without restriction of choice of wholesalers.

It has also been suggested that a product classification code on shelf edge (and product) labels could be a useful aid to shop management.

Continued on p48

Making the case for an interface code

■ **Product labelling:** Ideally, all products would be source-marked with the PIP code. For the dispensary, this would be useful for reordering and for the retail shop it may help with POS systems and stock management generally.

In practice it may not be a welcome proposition in regard to those OTC products which are already source-marked with the EAN symbol. However, it would seem to be reasonable to ask pharmaceuticals manufacturers to include the PIP code in the source-labelling of their products, so that dispensary procedures at least can be aided in this respect.

Meanwhile, wholesalers may well consider issuing corresponding product labels with their deliveries, as some already do in connection with hand-held terminal systems.

■ **Database development:** Equally as important as the PIP code is the product database which it references. This database needs to be developed in the depth of its application in order that it can properly support the major application areas in general practice pharmacy.

The following are examples (not exhaustive) of the data which should be established in a suitable manner for products in the database: —PIP code; description; manufacturer; trade price(s); trade unit; tax class; retail price(s); retail price status; product classification; restriction codes (E); pack size; form (E); strength (E); method of application (E); generic cross-references (E); EAN cross-references; other cross-references, eg to 'Martindale Services'; prescription pricing flags (E); other flags and indicators.

More databases

In addition to product data, the database should include standard numbering to identify manufacturers, wholesalers and retailers. Additional databases will be developed for specific application requirements, eg, sales analysis, drug monitoring, pharmacological indexing and so on, either directly by the PIP code authority, or under licence in respect of PIP code usage.

The establishment of an official product database related to the issue of PIP codes should be an incentive to manufacturers to co-operate fully in notifying the PIP code authority

of new products, product changes, and product deletions.

To maintain the database effectively it would be advisable to develop an on-line interactive computer system based on VDU input and having full facilities for forward dating of changes, inquiry and reporting, and routine generation of selective updates for subscribers to the updating service.

Pharmacy computer systems

The establishment of a national PIP code is the first important stage in the development of cost-effective computer applications in general practice pharmacy. The development and administration of such a code must necessarily be with the support of a broad cross-section of interests in the industry which will hopefully

be reflected in the constitution of the regulatory body.

This body will be uniquely placed to act in the interests of the industry as a whole. In respect of computer developments for general practice pharmacy there is a clear need for official guidance and standards, both to secure approval for systems involved in automatic prescription pricing and funds transfer, and to ensure that pharmacy at least comes through the "micro revolution" with sensible cost-effective systems which help achieve industry-wide savings in administration. At the same time the development of such systems can be guided towards improving the professional service and standings of the pharmacist, guarding his independence, and avoiding the technology traps implicit in piecemeal developments by sectional interests.

The PIP code authority, with its established computer base and official status, may also be the most suitable medium for the development of "datacentre" services for the smaller retailer, and "clearing house" services in respect of automatic prescription pricing. ■

CDA REPORT

More public liability claims than dispensing errors

The Chemists' Defence Association has paid out thousands of pounds in compensation, in 1979, to customers who fell down open trap-doors, banged their heads on low sun-blinds, fell over warped carpet tiles and cut themselves on broken glass. In one case a dustman fell on an empty tablet bottle in the pharmacist's yard and broke his back. In its annual report the Association says that it handles many more claims for "occupier's liability" and "public liability" than claims from patients who suffered because of alleged dispensing errors.

The Association points out that for many years occupiers have been under a legal duty to keep their premises reasonably safe for visitors, with the Health and Safety at Work Act adding a criminal dimension to the civil duty. An accident can now result in a substantial fine as well as a claim for damages, they say. The claim will be paid for by the CDA but, by law, the fine must be borne by the culprit.

The few claims for dispensing errors were mainly due to transposed labels and mistaken proprietary names. One

of the more costly claims was when Declinax was dispensed in error for thyroxine. The prescription was badly written but the pharmacist failed to check it, the report says, and it emphasises that mistakes are least likely to happen where a formal checking system is rigidly enforced.

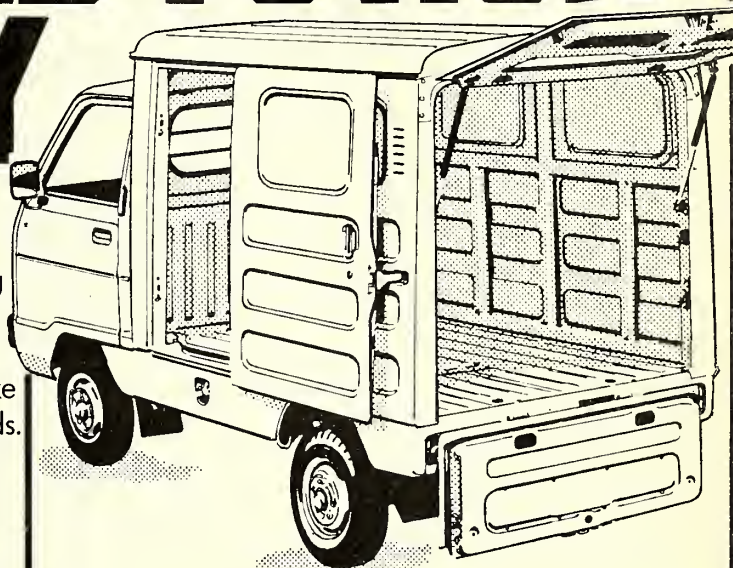
A balance of £106,549 was carried forward as against £98,645 in 1978. However the result reflects tight control over expenditure and relatively low overheads and, the report says, the trends in all areas of their expenditure, especially legal costs and the size of third-party claims, are upward. Liability claims, both paid and outstanding, came to £40,346, compared with £24,872 in 1978, and pecuniary loss claims were £15,800 (£8,231 in 1978). Premiums will have to be increased again in 1980 and, in judging the anticipated increase, it urges members to compare the combined NPA/CDA subscription with the cost of other insurance.

■ The annual meeting of the CDA will be held at 40 St Peters Street, St Albans, Herts, on July 22 at 3.25 pm. ■

YOU DON'T HAVE TO BE LOADED TO RUN THE ACTY

The Honda Acty is the perfect half-ton delivery vehicle for any small business, whether you need a Panel van or a Pick-up truck. The van has a staggering 108 cubic foot carrying capacity and the truck has a 500Kg payload, yet they're both shorter than a Mini.

The Acty has a gutsy 545cc water cooled 4-stroke engine that's built to Honda's legendary high standards.



The Acty is perfectly proportioned for city streets with an overall length of under 10 foot 6 inches and a turning circle of less than 23 feet.

All this, coupled with an extensive network of over 250 dealers across the country, must make the Honda Acty the most practical half-ton vehicle you can buy.



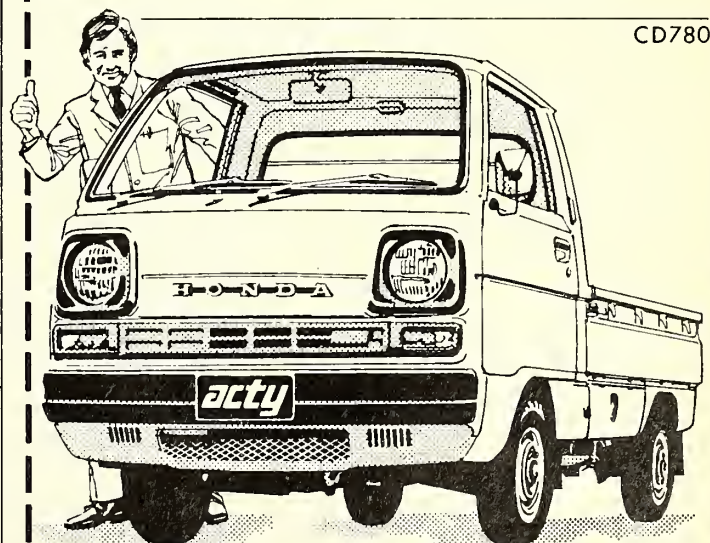
It's an engine that has earned the Acty its unrivalled reputation for economy and reliability since its introduction four years ago.

SPECIFICATIONS	PICK-UP	VAN
Engine:	545cc, 2 cylinder, 4-stroke water cooled OHC	
Max Horsepower:	30PS @ 6,000 rpm (DIN)	
Max Torque:	4.24Kg/m @ 4,000 rpm (DIN)	
Gearbox:	Four forward speeds and 1 reverse	
Turning Circle:	8.8m (23ft)	
Brake System:	Drums all round	
Seating capacity:	2 passengers	
Fuel tank capacity:	29 ltrs (6.38 Imp galls)	
Overall length:	3195mm (10ft 6in)	
Overall width:	1395mm (4ft 7in)	
Ground clearance:	185mm (7in)	
Ground to deck:	625mm (2ft)	
Cargo, Length:	1940mm (6ft 4in)	1905mm (6ft 3in)
Width:	1315mm (4ft 3in)	1290mm (4ft 2in)
Height:	300mm (1ft)	1270mm (3ft 7in)
Overall Height:	1660mm (5ft 5in)	1905mm (6ft 3in)
Kerb Weight:	610Kg (1345lb)	695Kg (1530lb)
Maximum load:	500Kg (1100lb)	450Kg (990lb)

I'd like to Actyuate my business, please send me the address of my nearest Honda dealer.

Send to: Mr. J. Cash, Honda (UK) Ltd., Power Road, Chiswick, London, W4 5YT.

Name _____
Address _____



CD780

HONDA ACTY

Antiperspirant spray for pharmacy only

A spray antiperspirant containing 20 per cent aluminium chloride hexahydrate is being offered for sale in pharmacies only. The antiperspirant, Odaban, is produced by a Liverpool pharmacist, Mr Jeffrey Bracey. It is packed in a 100ml can (£1.95 retail, £1.10 trade) which uses a pump spray mechanism (no propellants). Mr Bracey says each pack lasts about one year and he offers a money back guarantee on the product.

He started making Odaban 10 years ago in response to a request from a theatre sister at a local hospital. She wanted something to help treat a bad perspiration problem and, after trying out many of the standard formulations, Mr Bracey decided to use aluminium chloride hexahydrate 20 per cent in a protective base. When the product is used with the specific instructions it does not cause either irritation or an allergic response, he says.

At first he gave the product away, but after increasing demand for it started making a small charge. Gradually it became better known and after a few years requests were coming from places as far afield as Glasgow and Cornwall. In 1979 a local journalist requested an interview after his paper had received favourable reports on Odaban from their readers. Because of this publicity the demand



grew significantly and Mr Bracey had to increase the production. At present he has placed Odaban in 160 pharmacies and developed a "hectic" mail order business.

Since the wider distribution began, many letters and telephone calls have expressed their thanks for "something that really works". Now Mr Bracey would like to market Odaban on a larger scale—but only to pharmacies. *Jeffrey L. Bracey, Dispensing Chemist, 6 Westway, Maghull Town Centre, Liverpool L31 0DQ.* ■

Philishave promotion

Philips are running a promotion to help sales during the traditionally low late summer sales period. All purchasers of a Philishave are entitled to a free pair of sunglasses.

The offer will be promoted with POS material comprising a showcard and leaflet which is redeemable by customers for a pair of sunglasses. The consumer has a choice of either smoke tinted or reflective mirror lenses, both in "aviator style" frames. Radio commercials announcing the offer, with adaptable scripts to be tied to individual outlets, are available on a 50/50 cost basis. *Philips Small Appliances, City House, 420 London Road, Croydon CR9 3QR.* ■



Kodak discounts

Kodak are offering an extra 10 per cent discount on Kodacolor 135 film and 5 per cent on Kodachrome and Ektachrome, in addition to their normal order value and turnover discounts.

The order must be delivered before July 31 and any order not fulfilled by this date will be supplied at usual prices, unless Kodak are otherwise advised. On Kodacolor the minimum total order to qualify for the extra discount is 100 rolls (assorted) and for Kodachrome and Ektachrome, 40 rolls (assorted). Multiples of 20 must be ordered for each individual film type. *Kodak Ltd, PO Box 66, Hemel Hempstead, Herts HP1 1JU.*

Dietade distribution

The Dietade range of calorie controlled foods is now being stocked by Sangers, Unichem and Vestric. A space-saving display stand carrying the whole range is available for pharmacies. *Appleford Ltd, Poyle Close, Colnbrook, Slough.* ■

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

Alka Seltzer:	All areas
Anadin:	All areas
Balance:	M, Lc, Y, NE
Body Mist:	All areas
Crest:	All except B, G, E
Curity Snugglers:	All areas
Dixel toilet tissues:	All except Y, U, E, CI
Fuji film:	M
Head & Shoulders:	All except E
Johnsons' baby oil:	Ln, M, WW, So, A, We
Mum:	All areas
Odor Eaters:	All areas
Oil of Ulay:	All except NE, G, E
Sine-off:	Ln
Slimgard:	All except E, CI
Sunsilk hairspray:	All areas
Sure deodorant:	All areas
Zest toilet soap:	M, Lc, Sc, B



What makes these blondes different?

New Wood Nymph blondes are different because they come in four shades. No other lighteners do.

They're different too because they have a combined lightener and toner.

And now they've also got new packs, improved shades and a conditioner.

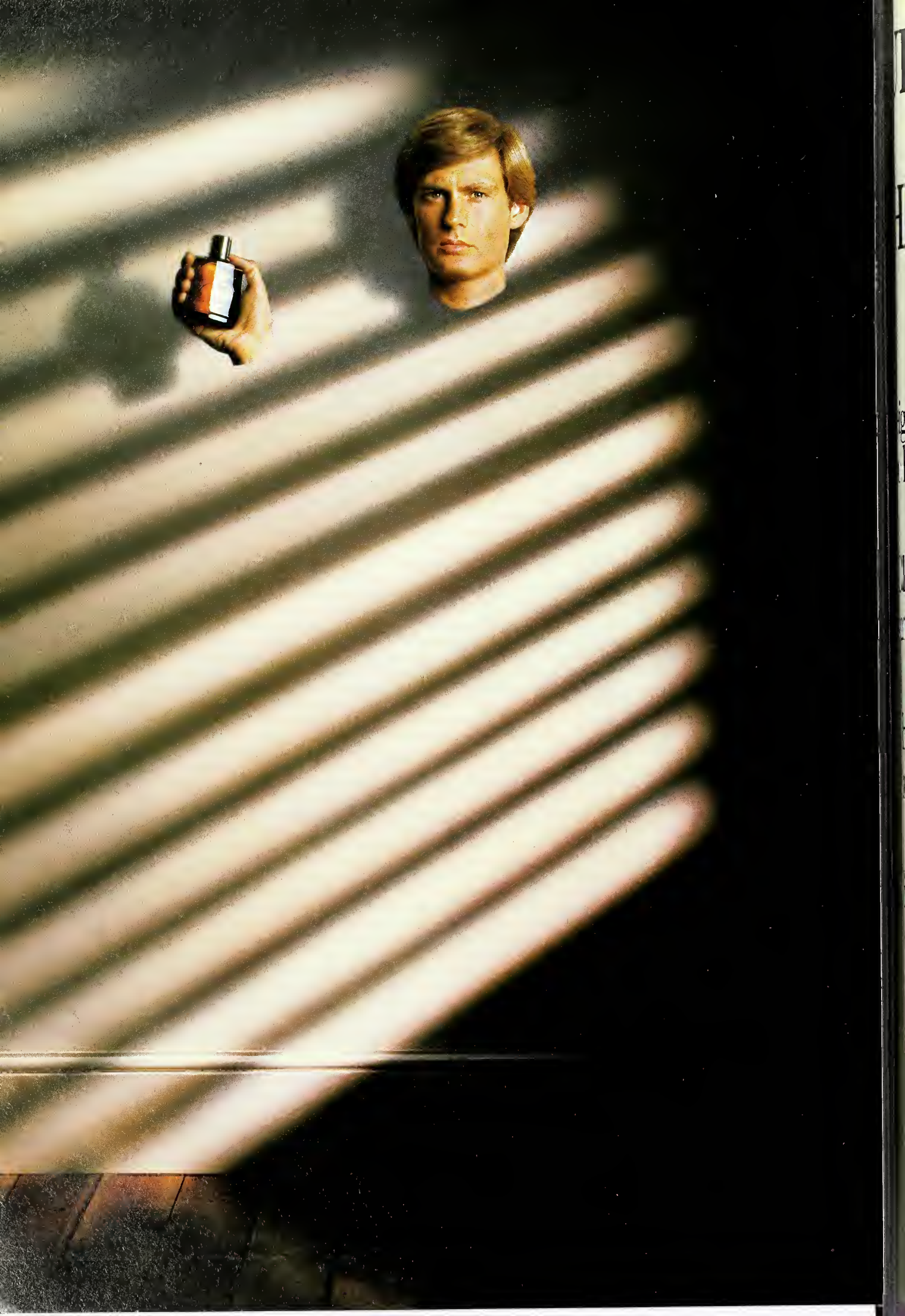
They're such popular blondes they're brand leaders. Just so their attractions can't be missed, we'll be reaching 16 million women through the press from August.

Stock up with Wood Nymph and it won't take long to see the difference in your sales — and your customers.



WOOD NYMPH

Elida Gibbs  The brands that mean business.



UP TO NOW, OUR CLASSIC AFTERSHAVE RANGE HASN'T QUITE COVERED 100% OF ALL MEN.

In our headlong rush to success with our eight aftershave and shaving products, we seem to have overlooked the vast body of men.

That's why we're introducing three new Classic body products, a shower gel, a cologne, and an anti-perspirant deodorant.

Wise retailers will already have noted the profitability of selling all the original eight products of the Classic Aftershave range.

So why don't you find out just how broad our appeal really can be with our three new body products.

And like us, don't let success just go to your head.

Classic
IMPERIAL LEATHER



**“My customers have
in hair accessories since**



taken a real interest we've had Lady Jayne"



LADY JAYNE
hair care

Lady Jayne really is the way to get your customers interested in hair care products. Which is why nearly three quarters of all chemists and stores stock Lady Jayne.

Not surprising when you consider how beautifully Lady Jayne products are packaged and presented – a complete range of hair care accessories cleverly displayed for easy self-selection.

But there's more to it than that. Each Lady Jayne product is made from the highest quality materials and designed to look good.

So you can recommend Lady Jayne to your customers knowing that they are buying the best at the right price. And knowing they will be back for more.

With Lady Jayne you simply can't go wrong. Choose a stand. Display it. Keep it well stocked.

The rest is profit . . . and happy customers!

If you'd like a list of your local Lady Jayne wholesalers drop a line to

Jack Moss,
Laughton & Sons Limited,
Warstock Road,
Birmingham B14 4RT.
Tel. No: 021-474 5201



LADY JAYNE
for simply beautiful hair

and customers!

COUNTERPOINTS

Dual wormer from Bob Martin

Bob Martins are introducing three new products. The dual wormer for dogs (£0.69) and Tibs dual wormer for cats (£0.59) contain both tape worm and roundworm remedies.

The combination of treatments is said to be useful because some owners are unsure which parasite is affecting their pet and want to treat for both, says the company. Also vets and breeders sometimes recommend a wormer as a prophylactic. The individual tape- and roundworm treatments will still be available.

Dog shampoo is being offered in a smaller bottle (100ml, £0.45). The existing packs may be too large for smaller dogs and research has shown that a smaller portable size would be welcomed, the company says. Retail margins have been improved on all the firm's lines—the amount varies



according to the product. *Bob Martin Co, 61 Hoghton Street, Southport, Merseyside PR9 0PL.* ■

Fuji commercials

A 30-second television commercial for Fuji film is being shown in the Midlands this summer. The commercial



will tie in with a poster campaign throughout the region. A national campaign of full-page advertisements in the *Sunday Times colour magazine* begins on July 6. Also a three-month cinema campaign is being mounted throughout the summer in the Westward television region. *Fujimex Ltd, Faraday Road, Dorcan, Swindon, Wiltshire.* ■

3 quick questions for anyone recommending paracetamol as an analgesic*

1. Which paracetamol containing formulation is absorbed faster than others?
2. Which formulation achieves the highest peak plasma levels?
3. Which formulation sustains a high concentration level over time?

*BIOS (Consultancy & Contract Research) Ltd, Bioavailability Study of Six Commonly Prescribed Paracetamol Containing Preparations And A Control Formulation.

Paracetamol tablets 500mg. Paracetamol 500mg and codeine phosphate 8mg tablets. Paracetamol 500mg and codeine phosphate 8mg effervescent tablets (Paracodol). Paracetamol 500mg, codeine phosphate 8mg and caffeine 30mg effervescent tablets. Dextropropoxyphene hydrochloride 325mg and paracetamol 325mg tablets. Dextropropoxyphene napsylate 50mg and paracetamol 325mg soluble tablets.

FISONS Leaders in Allergy Research. Fisons Limited, Pharmaceutical Division, Derby Road, Loughborough, Leicestershire, LE11 0BB. Paracodol is indicated for the relief of pain, especially muscular and rheumatic pains, headache, neuralgia, toothache, period pains and discomfort associated with colds and influenza. **Dosage and administration:** Paracodol is a presentation of Paracetamol B.P. 500mg and Codeine

COUNTERPOINTS

Award for radio commercial

The advertisement for Prufen acne treatment won the best cosmetic toiletries Radio Commercial Award in Brussels at the International Clio Awards. Prufen is being test marketed in the Tyne-Tees region by the Feliste division of Stiefel Laboratories (C&D September 29, 1979). The award-winning commercial featured on the Independent radio stations Metro and Tees.

Mr D. J. Jefferis, marketing director, Stiefel Laboratories (UK) Ltd, says: "Although awards do not guarantee sales, it is nevertheless pleasing to be honoured in this way in our new OTC division's first venture. Prufen was the subject of a test market and the sales level achieved is very encouraging for the future." *Stiefel Laboratories (UK) Ltd, Wellcroft Road, Slough, Berks SL1 4QA.* ■



The tighter sealed, flatter packs for Kotex Sylphs are being brought in for easier shelf stacking and display.

Hansen offers

Sally Hansen are repackaging and giving special offers on a selection of their nail care products. During August, the nail mender kit and Long 'n' Strong will be reduced by 15p and cuticle remover and nail treatment cream reduced by 10p. The

remaining products will be repackaged in the following weeks. *Sally Hansen Ltd, Hook Rise South, Surbiton, ... Surrey.* ■

Wella campaign

Wella are to launch a new advertising campaign for the Colour Confidence range of permanent hair colourants. Based on the theme, "Give us 30 minutes and we'll give your hair confidence for months," the campaign starts in July, running until the end of the year.

The advertisement will appear in 14 women's magazines including, *Woman's Own, Woman's Weekly, Woman and Home, Slimming, She, Pins and Needles, Woman's Journal, Woman's World* and *Cosmopolitan*. At the same time all the advertisements invite the consumer to write for hair care advice to the Wella Hair Centre. *Wella (GB) Ltd, Wella Road, Basingstoke, Hants.* ■

And the one quick answer



PARACODOL®

PARACETAMOL B.P. AND CODEINE PHOSPHATE B.P.

The effective, rapidly absorbed analgesic.

Phosphate B.P. 8mg as a large white, soluble effervescent tablet. The tablets are to be dissolved in water before oral administration. **Adults:** 1-2 tablets, which may be repeated every four to six hours. **Children:** Aged 5-12 years ½-1 tablet. Not more than 3 tablets to be taken in 24 hours. **Under 5 years:** To be taken only on the direction of the physician. **Package quantities and basic NHS price:** £2.04 per box of 100 tablets. PL 0113 5076

NURDIN^{LD} & PEACOCK

The Cash and Carry Wholesalers
Head Office: Bushey Road, Raynes Park, London SW20 0JJ

HEALTH~HOME~BEAUTY



PRODUCT	SIZE	COST	M.R.P.	R.S.P.	PROFIT ON RETURN
S.R. Toothpaste	12 x large	£2.24	51p	27p	20.4%
Vosene Shampoo	12 x standard	£2.40	45p	29p	20.6%
Cooper's Fly Killer	12 x 135g	£3.97	65p	48p	20.7%
Cooper's Fresh Aire	12 x 225ml	£3.39	55p	41p	20.7%
Rennies	36 x 12's	£3.81		18p	32.3%
Rennies	24 x 25's	£4.32		31p	33.2%
Bacofoil	12 x standard plus one roll free	£3.45		39p	21.7%
Bacofoil	12 x ex. wide plus one roll free	£4.59		52p	21.9%
Snugglers Daytime	Per 3 packs	£3.69		£1.55	20.6%
Snugglers Toddlers	Per 3 packs	£4.04		£1.69	20.3%

OFFERS AVAILABLE FROM 14th JULY until 1st AUGUST, 1980
ALL OUR OFFERS ARE SUBJECT TO AVAILABILITY AND VAT WHERE APPLICABLE

ALDERSHOT
Tel: Aldershot (0252)
313058/9/0

BRIGHTON
Tel: Brighton (0273)
779731

COLCHESTER
Tel: Colchester (0206)
71281

EASTLEIGH
Tel: Southampton (0703)
610816/7/8/9

LOWESTOFT
Tel: Lowestoft (0502)
65168

NORWICH
Tel: Norwich (0603)
49029

PLYMOUTH
Tel: Plymouth (0752)
708111/2/3

READING
Tel: Reading (0734)
585739

STAINES
Tel: Staines (81)
52515

AVONMOUTH
Tel: Avonmouth (0272)
825551

CHATHAM
Tel: Medway (0634)
41521

COWES
Tel: Cowes (0983)
296511

HANWELL
Tel: 01-579 5297/8

LUTON
Tel: Luton (0582)
583366

NOTTINGHAM
Tel: Nottingham (0602)
859678/9

PORTSMOUTH
Tel: Portsmouth (0705)
63563

SIDCUP
Tel: 01-302 6237

WALTHAM ABBEY
Tel: Lea Valley (9)
715115

BARNHAM
Tel: Yarnon (0243)
552628

CHRISTCHURCH
Tel: Christchurch (0202)
482071

DAGENHAM
Tel: 01-592 7839
5933501

IPSWICH
Tel: Ipswich (0473)
59059

NORTHAMPTON
Tel: Northampton (064)
53012

PETERBOROUGH
Tel: Peterborough (0733)
231941

RAYNES PARK
Tel: 01-946 9111

SOUTHEND
Tel: Southend (0702)
526341/2

WATFORD
Tel: Watford (92)
43903

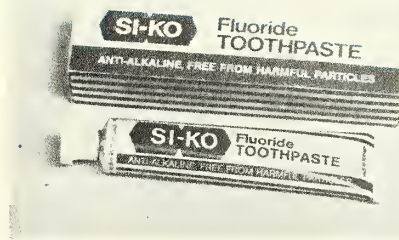
We do not compete with our customers –
we neither own nor control any retail shops.
We neither wish nor intend to serve members of the general public.

Relaunch of Si-ko toothpaste

Si-ko toothpaste is being relaunched after being off the market for nearly a year. The formula is unchanged but the packs (50ml, £0.79) have been updated to give a "more modern" image.

The product is now being marketed by Ever Ready Razor Blade Co, who say there have been a large number of requests for it over the last year. An introductory bonus is being offered on two or more outers until the end of July.

An advertising campaign in the national Press and *Radio Times* will begin in October using the slogan "wake up to the grape taste of Si-ko".



This reflects the unusual taste of the toothpaste, says the company, and they compare it to a "minty grapefruit". *Ever Ready Razor Blade Co Ltd, Quadrant Works, Manor Park Crescent, Edgware, Middlesex HA8 7LY.* ■

Christmas wrapping

Following the introduction last year, NPA chemists are again being offered a range of Christmas gift wraps, cards and carrier bags.

The range comprises 72 cellophane packs of 12 Christmas cards (£0.22 per pack), Christmas paper in cellophane packs of four sheets and 10 sheets (£0.45 each) Christmas paper in packs of one ream (480 sheets at £0.02½ each) and Christmas carrier bags in packs of 100 (£0.06 each). NPA products (Warminster) are also offering eight promotions during August with savings

to both member chemists and the consumer.

Consumer savings available are up to 10p off Nusoft sponges, 7p off Nusoft tissues, 6p off Nusoft foam bath and hairspray, 5p off Nusoft deodorant, 4p off Nusoft rubber gloves, 3p off press-on sanitary towels, Nucross glucose and Nuhome kitchen rolls, 2p off Nuhome toilet rolls and Sunpure fruit drinks.

Also available are bonuses of 18p per gallon and 42p per member pack of 18s 500ml methylated spirits. *Independent Chemists Marketing Ltd, 51, Boreham Road, Warminster.* ■

Exotic soaps

Scottish Fine Soaps are launching a new range, based on exotic fragrances, comprising lotus, frangipani, hibiscus, oleander, mimosa and camellia. *Scottish Fine Soaps Ltd, North Main Street, Carronshore, Falkirk.* ■

Holiday closing

The offices of A & E Connock Ltd will be closed from 6pm Friday, July 25 until 8am Monday, September 1. Clients are asked to ensure that they have adequate stock for this period and that orders be placed as soon as possible where deliveries are required between late July and mid-September. *A & E Connock Ltd, Aldershot Mill House, Fordingbridge SP6 1PU.* ■

PRESCRIPTION SPECIALITIES

Liquigen emulsion

Manufacturer Scientific Hospital Supplies Ltd, 38 Queensland Street, Liverpool L7 3JG

Description Water-continuous emulsion with a milk-like consistency, containing medium-chain triglyceride oil 52 per cent. The energy content is 1.7 MJ per cent with approximately 1.7 m moles of sodium and 0.7 m moles of potassium in 100ml

Indications Steatorrhoea associated with cystic fibrosis of the pancreas, intestinal lymphangiectasis, surgery of the intestine, chronic liver disease, liver cirrhosis, other proven malabsorption

syndromes, in a ketogenic diet in the management of epilepsy and in type I hyperlipoproteinaemia

Storage In a refrigerator. Shelf-life is 6 months at 4° C

Packs 2 litre and 5 litre polythene bottles (£7 per litre, trade)

Issued July 1980

Maxijul on FP10

Scientific Hospital Supplies have recently received confirmation from the Advisory Committee on Borderline Substances that Maxijul, Maxijul LE and Liquigen have been approved for prescription on FP10. Prescriptions should be endorsed "ACBS". *Scientific Hospital Supplies Ltd, 38 Queensland Street, Liverpool L7 3JG.* ■

Stronger Psoradrate

An additional strength of Psoradrate (0.2 per cent) is being introduced. The cream will be available in 30g and 100g tubes (£1.76, £5.68 trade). *Eaton Laboratories, Regent House, The Broadway, Woking, Surrey.* ■

Zyloric reminder

The Wellcome Foundation have introduced a "reminder" pack of Zyloric 300 tablets. The days of the week are printed on the foil backs of the two 14-tablet trays inside the pack. *Calmic Medical division, Wellcome Foundation Ltd, Crewe, Cheshire.* ■

Eurax HC change

Eurax hydrocortisone cream will now be supplied in a tube with an aluminium membrane and a "piercer" cap. The pack size (30g) remains unchanged. *Geigy Pharmaceuticals, Wimblehurst Road, Horsham, West Sussex.* ■

Hypovase 100 pack

A 100 tablet pack of Hypovase 0.5mg tablets (£4.08, trade) is being introduced. The tablets are white, round, unscored and coded "Pfizer" on one side.

Indications and dosage recommendations for Hypovase are unchanged and the initial treatment pack remains available. *Pfizer Ltd, Sandwich, Kent CT13 9NJ.* ■

Would a new image be acceptable to the profession?

Does pharmacy actually want editorial appeal? That basic question was asked by Neville Hodgkinson, medical and science correspondent, *Daily Mail*, when he addressed a public relations seminar sponsored jointly by the Pharmaceutical Society, and the Pharmaceutical Services Negotiating Committee, on Sunday. The seminar was attended by some 70 branch and LPC public relations officers.

To be successful, professional spokesmen had to carry their colleagues with them, said Mr Hodgkinson. There was a case for maintaining the status quo since pharmacists were already held in high esteem; pharmacy was a particularly unpretentious profession, readily available, strong on service, having an air of mystique—but down to earth through selling products such as hot water bottles.

There was little unfavourable comment, even when pharmacists came into the public eye through court cases and disciplinary hearings. By contrast doctors aspired to a god-like image—the public expectations of a chemist were less than those of a doctor, all due to pharmacy's low profile. "If you are going to change, to take on more authority and challenge the doctor, you must expect more criticism as well as more publicity. If you increase your stature the public may well be more interested in those who fall off the pedestal".

Illustrating the lack of interest in pharmacy, Mr Hodgkinson cited professional Press publicity on the sale of cigarettes in pharmacies; it did not make the national Press but would have done had doctors been involved.

The seminar's first speaker had been Radio 4's John Timpson. Dividing Radio 4 programmes into news bulletins and news magazines, Mr Timpson said that brief interviews were being increasingly used in bulletins to give reaction to events—as, for example, from a profession. However, as only 30-40 seconds was available it was essential to state the case concisely.

Magazines such as "Today," "World

At One," "PM" and "The World Tonight" combined news and general interest items and gave many opportunities to get stories with unusual and human interest onto the air. Possible pharmaceutical subjects might be antiques, a person who remembered using leeches, or someone with something very new. Anyone with a story should phone the programme's office—"it's more likely we would approach you for the heavy stuff".

Personally, Mr Timpson preferred people to come to the studio for live interviews—pre-recording allowed one to stop and start again but at the disadvantage of "flat presentation". When a package of interviews was put together by a reporter it was necessary to rely on the integrity of the BBC to present a fair picture but Mr Timpson pointed out that a programme editor might take a different attitude about what was important from a listener's point of view. Most live interviews were 2-3½ minutes, but it was possible to say "an awful lot if your thoughts are marshalled".

Allaying fears of the interviewer being aggressive, Mr Timpson said: "Remember he knows less than you about the subject". The interviewer's job was to tell the public what they wanted to know. Anyone not prepared to get their point over would do better not to go on the air at all—and anyone whose voice was not "honest" could do his cause harm.

The BBC's light entertainment department also provided the opportunity for public relations. In particular Jimmy Young's programme provided "a wonderful shop window

for anyone with something to say". It had the advantage that the interview could go on for so long as it remained interesting. The researchers began at 8am with nothing and decided which items of news were worth following up. Interviews would be conducted on the telephone, or the spokesman would be invited to a local studio. The programme had an enormous audience so Mr Timpson advised "if invited go on".

Mr J. N. C. Wilford asked whether programmes were mutually exclusive. Mr Timpson replied that usually the same people were not used on two programmes, but the Jimmy Young show had a different audience from Radio 4 and so did talk to the same people. Asked why reporters would not say which parts of an interview would be broadcast, he said it was impracticable as editing continued even while programmes were on the air.

Stressing the topicality of programmes, Mr Bruce Rhodes—the assistant secretary of the Society, recently interviewed concerning the Tenterden issue—said a spokesman might have only 20 minutes in a taxi to discuss a subject before he was on the air. Mr Timpson agreed, saying that sometimes it may not even be possible to inform the spokesman of the subject if a comment was required on something coming over agency tapes, but he added: "Normally you will know all about the subject—if you are not an expert tell us and we will find someone else".

In reply to another question, Mr Timpson referred to "You and Yours," "Woman's Hour" and "Checkpoint" which were prepared by the current affairs department. They had the time to go more deeply into a subject—but no programme should be scorned as all had an audience of a considerable size.

Asked by Mr L. W. J. Simpson to suggest useful pharmaceutical subjects, Mr Timpson suggested follow-ups on doctor dispensing when the new legislation came in, and mail order developing and printing taking away chemists' income. However, it was not only the top people who should be interviewed, but those in the front line who were actually making their living in these areas.

Former ITN newscaster, Mr Ivor Mills, supported the guidelines set out in the document "Public Relations in the Branches and Regions" prepared by Mr Philip Paul, the Society's director of public relations. It should be remembered that both BBC and ITV

Continued on p62

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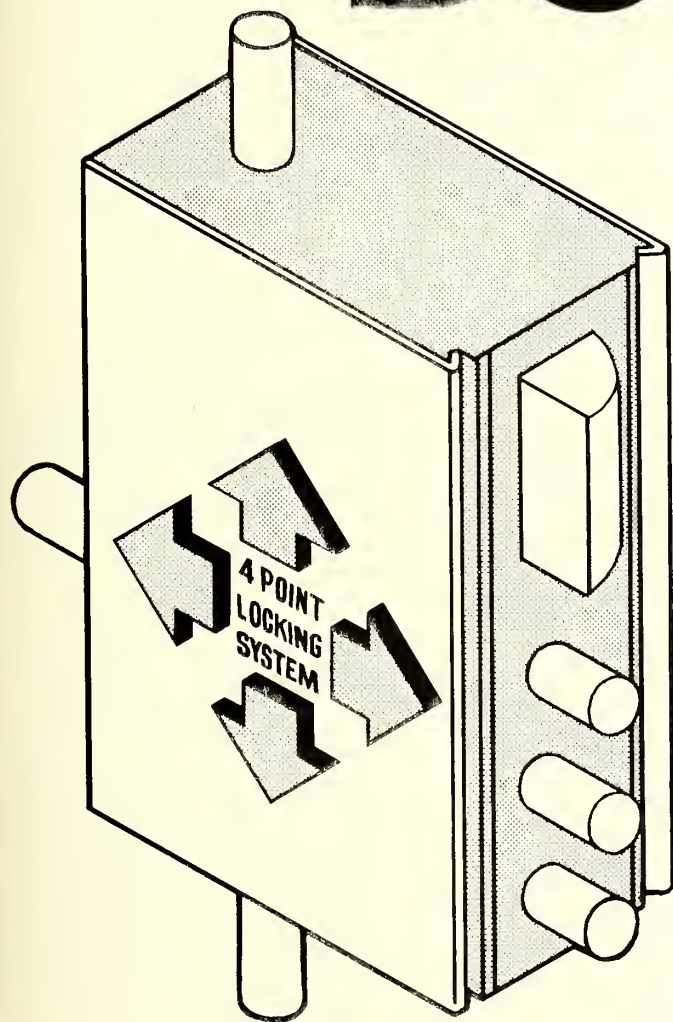
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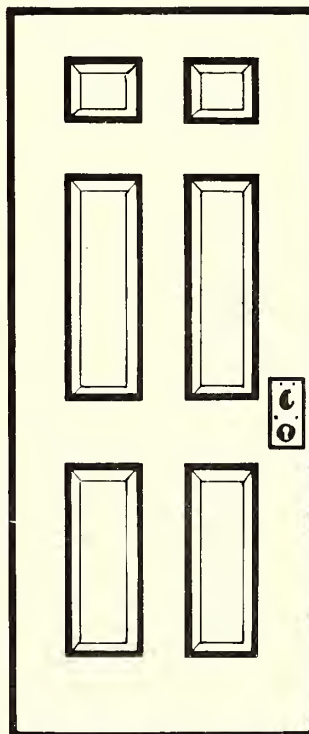
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Would a new professional image be acceptable to pharmacists?

regions had "input" to national news and current affairs programmes.

The starting point should be personal contact with as many local journalists as possible, particularly local TV editors and news staff, with the objective of establishing mutual trust. "They will then turn to you for help—even on things that may not be their responsibility".

Mr Mills advised against saying "no comment" since that implied there was something to hide. Even a difficult situation presented the spokesman with an opportunity to make points on behalf of his organisation. "TV air time is an expensive commodity so to be offered two or three minutes of editorial time is an opportunity not to be missed". "Ideal spokesmen" should be pre-selected—and not necessarily the senior members of the profession, who might not be the best visually. Television was all about impressions: the average viewer would remember the person, not the statistics.

The spokesman should anticipate questions and the likely effect of his answers on the public. "Agree on the two or three most important points you wish to say on the issue and make sure you say them—even if it doesn't seem like answering the question".

Local radio, said Mr Peter Petts, director, Universal News Services, is "very parochial". The local pharmacist and the station had this in common, plus the fact that both provided a public service. Local radio had more time to devote to subjects and was desperate for "fillers". It might be possible—preferably after some interview experience—to get on a phone-in lasting for an hour or more. However, Mr Petts advised: "Make the first move—otherwise they may not think you have anything to say".

A show of hands revealed that only a small proportion of those present ever listened to local radio, which prompted Mr Petts to stress that a spokesman should know about the station and what it was likely to require before making contact. "Identify areas to which you might contribute, but think in radio terms". A spokesman would endear himself to the station if he was available 24 hours a day at five minutes notice! What they could not stand was not knowing—a "yes" or "no" to interview was essential, not "please ring back in an hour". A fall back colleague could be useful.

Local radio reporters were often relatively inexperienced and most of

their interviews were therefore informative rather than investigative.

To get into news bulletins a story had to be really important—to make Radio 4 it probably had to be on the front page of *The Times*. Locally, it was possible to create your own news—a statement made at a local meeting could be passed on to the Press. A suitable subject might be the danger of tablets kept in bathroom cabinets.

Mr Sharpe said the £50 public relation grants had been designed to help branches get to know their local media. The speaker agreed with Mr D. C. Evans that in London local radio was not local enough. However, community radio was developing, using Rediffusion wiring. One delegate suggested that a panel of regular listeners (such as pharmacists' wives) should monitor the stations.

Mr Ian McKinney, principal information officer, DHSS, spoke about the work of his division, pointing out that where professional matters were concerned, questions were often referred to members of the same profession with the Department. There was a great need for the public to be educated about drugs because there was a general opinion that all drugs should be perfectly safe. Drugs were well monitored and well produced but the public must learn to treat them carefully and be told that no guarantee could be given.

During the discussion Mr Edwards complained about the trend for companies to create publicity about prescription products through the national Press, Nicorette and new oral contraceptives being the latest examples. They were often known to the public before the professions.

As a newspaper man, Mr Neville Hodgkinson, was pleased that the professions were now taking the public more into their confidence. He told delegates they would find their public relations work rewarding because it meant playing a closer part in their communities. However, he believed not all pharmacists would see it that way—some would see professionalism and PR as incompatible.

If the profession decided to go for greater editorial appeal then brevity was important. Look for "catchy intro" Mr Hodgkinson advised. Local newspaper staff should be approached and a name got into the office contacts book. Ring in with stories early in the day for daily newspapers, (day before for evenings), and on Mondays and

Tuesdays when there were fewer stories. Make sure you offer stories that will bring the journalist credit, and think about the importance of a story to the community, not to the profession.

The speaker said that pharmacy should be a mine of good stories—closures, profit margins under threat, poor treatment from the NHS for example. There would be more interest in closures if pharmacy had already been made editorially appealing: "Get your members out of their shells and allow their expertise to be seen". Examples of stories that could be created were changes in rates of prescribing following changes in NHS charges; declining use of a drug in a particular area following a scare, and packages of information on seasonal ills for the feature pages.

Criticising doctors

On professional relationship with doctors, Mr Hodgkinson suggested that pharmacists should begin to be critical of prescribing habits generally, but not of individual doctors. For example, if the CSM message about tranquillisers had not got through then the profession would be doing a public service by making a statement. The speaker admitted they would "bring down the wrath of medical gods" but felt there would be benefits in the public interest.

During the discussion the difficulty of what seemed to be "doctor bashing" was pointed out, but Mr Hodgkinson said it should be possible to criticise sympathetically, saying how pharmacists could help doctors "at the end of their tether".

Mr R. G. Worby related an experience of an accurate report being rendered misleading by use of headlines. Mr Hodgkinson admitted sub-editing was a problem, particularly in local Press, but was part of the risk-benefit equation.

A "teach-in" on identification, preparation and presentation of material for the media was conducted by Mr Frank Jeffkins, principal, Jeffkins School of Public Relations. He believed a lot of the criticism of the media arose from a lack of understanding of the speed with which newspapers were produced. PR was transferring the negative to the positive—changing hostility, prejudice, apathy and ignorance into knowledge. The first stage was planning, in which it was better to decide a few things well.

Pharmacy had a good story to tell about its professionalism, but there were areas such as diagnosis, privacy

and confidentiality which needed clarification for the public. The aim would be to create an understanding that the pharmacist did not just stand behind the counter, meeting demand for advertised products.

It was also necessary to understand the media and "market your stories". Why should the media carry a story? "The editor may say you are just another shopkeeper trying to get his name in the paper". The report must be of interest and value to the public—few Press releases fell into that category and the rest went into the dustbin. Mr Jefkin then gave detailed advice on how to prepare Press releases, warning against "puffery".

The presentations were brought to a light-hearted but serious conclusion with a talk on "How to be intelligible and understood" by radio, TV and film personality Stanley Unwin.

During the final discussion a number of speakers raised questions concerning the Society's advertising rules, but the president said there should be no problems provided a pharmacist was not talking about his own business ■

LETTERS

Further burdens on the self employed

The acceptance by the NPA of the Green Paper on Sick Pay, albeit with reservations, gives support to the principle of the Green Paper. The reservations are not trifling so why does the NPA support the paper?

The principle that the sick should not be better off than those at work is sound enough, but surely the simple answer would be to add benefits to salaries, and tax both as earnings. It should be realised that it is within the government's means to rectify most of the anomalies that arise, since of the 80 per cent of employees who enjoy contractual entitlement, over 50 per cent are employees of the public sector.

This legislation will mean that small businesses in particular will once again have to bear the extra burden of carrying out government business, with the loss of time and money, like the collecting of income tax, National Insurance, VAT (and prescription charges in our particular case). If we continue like this we shall be collecting, between us all, more money than the tax collectors themselves. It is wrong that the self employed should be treated in this way, and acceptance by the

NPA will only encourage governments of the future to burden us still further. The NPA may well regret giving grudging acceptance to the Green Paper.

Other factors that we should all be looking at are: What will stop any future government revising the £30 a week minimum upwards until it reaches 100 per cent of earnings? How long will it be before unions start negotiating for more? What effect will the Green Paper recommendations have on staff relations, when one may be forced to check on sick notes, and on pharmacists in particular when they have to query a doctor's opinion. Staff activities outside business hours become more important—if they break a leg ski-ing or playing rugby the employer will be out of pocket. Do we

only engage 100 per cent fit people in future? (Give the elbow to all those fragile hard working people).

Finally, why a period of eight weeks anyway? Six weeks appears to be the going rate on the continent.

The National Federation of Self Employed and Small Businesses Ltd is advocating complete rejection of the Green Paper and all its members are being asked to contact their MPs to show their strong objection to the self employed being used in this way. I would ask the NPA to reconsider their attitude to the Green Paper and lodge their protests as strongly as possible.

John Davies,
Chairman, Taunton and district branch
NFSE & SB Ltd,
Wiveliscombe

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Reflections of a CSM chairman

Last week Professor Sir Eric Scowen retired as chairman of the Committee on Safety of Medicines, a post he had held since 1971. A founder member of the Committee on Safety of Drugs, Professor Scowen reflects on his term of office in an interview with "Chemist & Druggist".

Professor Scowen looks back on his term as chairman of the Committee on Safety of Medicines with satisfaction but without any hint of complacency.

"I regard it as a period of building a structure that, with all due modesty, appears to have been reasonably successful," he says. "Certainly there is a great deal of respect for it in other countries. There have been an enormous number of problems but on the whole I think both the industry and the medical profession would agree that the Committee hasn't done too badly."

Inevitably, an organisation like the CSM finds it cannot please everyone all the time.

"One of the worst problems has always been interpreting and advising on adverse reactions and giving warnings to doctors. Whatever decision you make, someone will always disagree, so you have to get used to the idea that no decision will be entirely satisfactory to all concerned," he explains.

Whereas at one time the clashes went no further than the industry and the medical profession, the situation is getting worse because now the public are joining in and seem to be demanding the impossible. "They are asking for complete protection but at the same time they want innovation".

"The medical profession has accused us of being high-handed in giving warnings about adverse reactions but these are meant for information and are intended to be helpful," he continues. And, understandably, doctors complain when they first learn of an adverse reaction warning from a patient in the surgery.

"It's difficult to issue 'yellow warnings' without having a hubbub beforehand. These notices take a long time to prepare and distribute so inevitably the media will have got hold of the news before every single one of the 70,000 doctors and

pharmacists. I sympathise with their annoyance but I don't know how we can get that one right."

How much information does he think patients should be given about drugs and who should do the informing? "I think patients should be fully informed about the drugs they are taking, not necessarily the technical aspects but more a general view of the risk-benefit ratio. This can only be done by the doctor and the amount of information he gives must vary according to each individual patient. For example, there is no point in overstressing to a patient with a life-threatening infection that penicillin might cause a severe allergic reaction. Obviously the patient must trust the doctor in this respect."

So the pharmacist's role in giving information to patients is limited? "Pharmacists can play a major part in explaining the effects of OTC medicines but when it comes to prescription items it's a controversial issue as to how much the pharmacist should do. Fundamentally, it's the doctor's job to have done the explaining before the patient reaches the pharmacy. I know that doctors don't always do this but—come to that—neither do pharmacists. If pharmacists overstepped the line in giving information to patients it could

lead to a lot of ill feeling in an otherwise good relationship with the doctor."

Professor Scowen refuses to be drawn on whether there should be some relaxation of the Prescription Only Medicines List to allow pharmacists to have more medicines available for them to counterprescribe.

"Pharmacists already have an enormous number of medicines available to sell and I cannot think of many prescription medicines that could become pharmacy only. We are now getting into a political argument as to which medicines should be GSL and which POM. This is the province of the Medicines Commission so it would be improper for me to comment."

As to the suggestion that present controls are inhibiting innovation in the OTC medicines industry he says: "On the whole I believe that a new molecular structure should be under prescription control initially. To be fair, aspirin would be prescription only if it was introduced today. But there have been—and I hope there will be more—companies applying for changeover to pharmacy only if such a new product proves safe. How long this would take would depend on the sales of the product. If it was frequently used, the company should have acquired enough experience to enable the medicine to be put forward as pharmacy only within a couple of years."

One improvement during his term of office has been the standard of submissions from the industry, "but there's still a long way to go," he adds. "We have to accept that the industry doesn't always agree with the CSM on the extent of information required but there are bound to be conflicts from time to time. We endeavour to sort them out by conference rather than confrontation."

For the future, Professor Scowen thinks that drug monitoring must assume a high priority. "We need to build on the present voluntary system and seek more co-operation with the doctors," he believes. "It is difficult to say what is the best system until the proposed pilot studies have been completed. Proposals for two schemes—record linkage and retrospective assessment of drug safety—are still being considered by the Health Minister. My own view is that something must be done soon but the plans may well have to be tempered by costs, as no scheme will be cheap. It will mean a lot of correspondence, and agreement of industry and the British Medical Association to make it



work, and more staff, computer time, etc. to interpret the findings."

Again, Professor Scowen believes that pharmacists have a limited role in adverse reaction reporting because only the doctor has all the necessary information about the patient.

"The best thing the pharmacist can do is to persuade patients who complain of adverse reactions to report them to the doctor," he suggests.

However, he has nothing but enthusiasm for the pharmacist's role in the CSM secretariat. "Over the years the recognition of the pharmaceutical side of drug safety—in formulation, detecting potential impurities etc—has become very important and the pharmacist's work here has grown enormously."

Professor Scowen's retirement from the CSM is his second retirement; in 1975 he retired as professor of medicine at St Bartholomew's Hospital. And as chairman of the Imperial Cancer Research Fund council, chairman of the Poisons Board, and chairman of the National Institute of Biological Standard's scientific policy advisory committee, he still has many more retirements to go.

"I am wondering what the next one will be," he says. "I only know that I have derived great satisfaction from all these duties."

THIS WEEK'S NEWS

GPs in Debenhams at Gloucester

Representatives from Debenhams and the BMA are visiting the group's Gloucester store next week to investigate the possibility of setting up a

general practitioners' surgery there. If the introduction of a surgery is viable, there will be plans to have other medical services in the store, including a pharmacy.

Debenhams want to introduce health professionals into several of their stores (C&D March 22, p461) and are working with the BMA and the local Family Practitioner Committee on using a pilot scheme at the Gloucester branch. Mr Peter Carr, managing director, department stores division, said there would be little point in having general practitioners by themselves and Debenhams would like to see a full range of professional services.

Increased costs halt late service

John Bell & Croyden are to discontinue their late night and weekend dispensing service at Wigmore Street, London W1, from August 1. The dispensary is open until 9pm, including Sundays.

Escalating costs of security and staffing the large premises during "unsocial hours" have forced the management to make this decision. Another difficulty has been checking

the prescriber's authenticity late at night or on Sundays when the signature is not known to the pharmacist.

"The staffing problem has been accentuated by the increasing unwillingness of the company to subject pharmacists and dispensers to the risks of robbery and assault as they attempt to carry out their duties, and especially to the increased fears of mugging or being accosted as they travel home each night," a spokesman said. Costs of public transport and of private motoring into London were also increasingly important deterrents to accepting this work.



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ZERO 'O' — rippled and lubricated	£5.40	£31.20
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Roche open £1¼ m sterile production facility

Formal opening last week of the new sterile production facility at Roche Products' Welwyn Garden City factory, marks the end of a development that has cost some £1.25m.

The existing facility commissioned in 1963, has been completely re-built over the past three years in order to keep abreast of technology and the latest thinking in good pharmaceutical manufacturing practice. It is located on the fourth floor of the pharmaceutical production building and now has a capacity for producing approximately 24 million ampoules a year, employing 34 people.

It was decided about five years ago, to invest in new ampoule washing, sterilising and filling equipment. Subsequently, two "Basle wheels" were installed: these are purpose-designed by Hoffmann-La Roche engineers in conjunction with the French manufacturer, Meder. Their design makes the best use of floor space and at the same time fulfils the criteria for sterilising and filling ampoules in a continuous operation. In the "wheels," ampoules are heated to 375°C then cooled with sterile air.

The last stage of the re-building programme has cost approximately £650,000 and has involved the installation of a modern facility for the manufacture of bulk sterile solutions.

The facility comprises a dispensary with the latest balances and print-outs,

and a solution manufacturing area with 100-, 250- and 400-litre stainless steel, jacketed mixing vessels. Solutions are sterilised by filtration under class 1 conditions in a clean room. The sterile solutions are conveyed in 200-litre stainless steel mobile vessels to the ampoule filling lines. Some products are terminally sterilised by autoclaving, but all are subjected to blue-bath testing for the integrity of the seal.

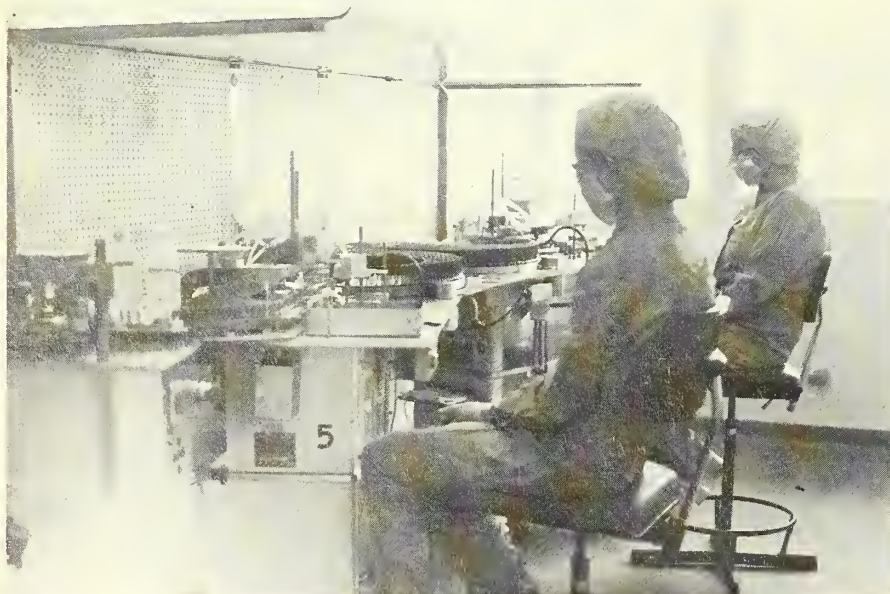
[Dr Wills comments at the opening, see p41.] ■

Colgate-Palmolive sell Rubinstein

Colgate-Palmolive have sold their cosmetic subsidiary, Helena Rubinstein, to a new American company—Albi Enterprises Inc. Colgate have been trying to sell Rubinstein for some time now and attributed some two-thirds of their profit drop in 1979—down to \$113.5m against \$175.6m in 1978—on operating losses and divestment costs of the subsidiary.

Colgate bought Rubinstein for around \$142m in 1973, but have sold the worldwide interests of the firm for \$20m. This sum includes the cost of the UK operation despite the

Ampoules being filled under laminar flow conditions



consultations for this part of the company being negotiated separately.

Colgate are allowing the new company time to develop business by formulating a payment policy whereby \$1.5m of the sale price was paid immediately, with a further \$3.5m being paid in equal instalments at the end of 1981 and the beginning of January 1983. The remainder will be paid in instalments of \$1.25m a year starting in 1983. They have also guaranteed up \$19m of Rubenstein's domestic debt, until next March, and \$24m of foreign debts, in declining amounts, until 1988.

A spokesman for Helena Rubinstein told *C&D* that while it was too early to discuss any potential changes at the company, they were "looking forward to the future". Customers of the company are advised to continue to order supplies as normal. ■

Revlon call Scanlon back from Europe

Revlon have recalled Mr Charles Scanlon, vice-president sales and marketing, Europe, from Paris to resume his day to day responsibilities as managing director, UK.

Mr Scanlon retains his European post but Revlon believe that: "There was never a time when such experience was more necessary in the current battle for sales and profit, to identify what unites the manufacturer and retailer as 'Retail Partners'."

Mr Scanlon intends to co-ordinate and improve relationships with independent chemists, and Boots, and has appointed Keith Gould, ex-sales director of Max Factor, to assist him in this task. The company says it is also intent on developing promotion and merchandising exclusive to chemists.

Mr Michael Chmerling, recently of Estee Lauder, has also been hired to enable Revlon to: "Pay immediate attention to the important departmental store area, and to re-establish the franchise philosophy". ■

Beechams confident despite profit drop

Despite a drop in pre-tax profit of £7.8m, Beechams are confident they will recover their momentum.

The strength of sterling particularly affected Beecham's results (*C&D*, June 7, p1000) but Sir Graham Wilkins, chairman, says in the annual reports and accounts that research and development remains highly productive and new products are more numerous and varied than at any other time in the past.

Consumer products have performed

particularly well, and in the UK Beecham's shares of general practitioner antibiotic prescriptions rose from 27 to 28 per cent. They also report that Amoxil became the leading antibiotic in the UK while sales of Maxolon rose by 12 per cent, and Norval by 74 per cent.

In Ireland sales of prescription medicines grew by 13 per cent, Pyopen performing particularly well with a 48 per cent rise in sales. ■

Sangers profits fall due to RPM collapse

Profits from the pharmaceutical wholesaling division of Sangers Ltd fell from £1.9m to £536,000, for the year ending February 29 1980, while profits from other activities rose from £549,000, to £1.2m.

The £1m drop in overall profits (C&D, June 7 p1000) is "considerably due" to the collapse of resale price maintenance, says Mr George Robinson in the annual reports and accounts.

Pharmaceutical turnover of £83.2m still represented the largest part of the £115m total, but the company have announced their intention to reduce their reliance on this sector. ■

Irish losses

Irish Pharmaceuticals Ltd have again made pre-tax losses—IR£6,627, for the year end December 31, 1979, against IR£6,260 in 1978. However, trading profit increased substantially, rising from IR£2,529 to IR£60,053, but much of this was eroded by exchange losses, interest charges and general economic factors. The acquisition of Grant Sales Ltd also resulted in expenses on the trading margin.

The year's results include five months operation of three new subsidiaries but the benefits of the enlargement of the group are expected to develop more slowly than anticipated due to the economic situation. ■

APPOINTMENTS

■ **Sodastream Ltd:** Mr David Johnson has been appointed general sales manager. He succeeds Mr Don Philpot who died suddenly in March.

■ **Kirby-Warrick Pharmaceuticals Ltd:** Mr Roger R. Mee is appointed marketing director. He has previously worked for Travenol Laboratories, Coloplast Ltd and most recently a management consultancy.

MARKET NEWS

One step forward

London, July 8: The government's decision during the past week to reduce the minimum lending rate afforded the banks their first opportunity in seven months to reduce their own base rate for overdrafts by 1 per cent. This can be looked upon as a step—albeit a small one—in the right direction. Predictably sterling fell slightly against other currencies on the announcement but it regained lost ground by the next day.

Dealers in the essential oil sector were unimpressed by the change and continued to offer spot supplies at rates which were often well under the replacement values. Of the eight oils with price changes during the week only two were dearer. Petitgrain was one, with a further 50p kg added to the previous weeks advanced price following the reported curtailment of petitgrain oil exports by Paraguay.

There is a surplus of olive oil in the EEC producing countries and there are fears that this will be much greater when Spain, Portugal, and later Greece, join the Community. Meanwhile there has been a small reduction in the ex-wharf price of the Spanish and Italian oil.

Among pharmaceutical chemicals, magnesium trisilicate is dearer by 30p kg and iodoform by £2. Also marked up are talc, potassium sodium tartrate and ferrous fumarate.

Dearer in crude drugs are Copaiba balsam, cascara, gentian root and kola nuts. Canada balsam, cherry bark and Dutch valerian root are easier.

Pharmaceutical chemicals

Acetone: £405 metric ton for 30-drum lots.
Ascorbic acid: (per kg) 100-kg £5.51; 500-kg £4.85 as to source.
Brucine sulphate: £45 kg.
Calamine: BP £683 per 1,000-kg delivered.
Calcium carbonate: Light precipitated BP £260
Calcium chloride: BP anhydrous 96/89% £1.15 kg in 50-kg lots of powder; granular £1.15 hexahydrate crystals BP 1968 £0.87.
Ether: Anaesthetic; BP 2-litre bottle £4.05-£4.25 each as to maker; one-metric ton lots in drums from £1.97 in 10-kg drums to £1.85 kg in 130-kg. Solvent, BP in 130-kg drums £1.34 kg.
Ferrous fumarate: BP £1.60 kg in 750-kg lots minimum.
Folic acid: 100-kg lots from £56 kg.
Iodides: (Per kg) Ammonium £12.15 (50-kg lots); potassium £6.56 (250 kg); sodium £9.35 (50-kg).
Iodine: Resublimed £7.40 kg in 250-kg lots; crude £8 in 500-kg lots.
Iodoform: USNF £17 kg in 50-kg lots.
Magnesium chloride: BP crystals £0.97 kg for 50-kg lots.
Magnesium sulphate: BP £136.50-£147.10 metric ton; commercial £118.50-£132.60; exsiccated BP £294.80.
Magnesium trisilicate: £1.30 kg in minimum 1,000-kg lots.
Opiates: (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations—Codeine alkaloid £600-£604 as to maker; hydrochloride £520; Phosphate £460.50-£462; sulphate £520. Diamorphine alkaloid £821; hydrochloride £748. Ethylmorphine hydrochloride £585.50-£591. Morphine alkaloid £667-£668; hydrochloride and sulphate £544-£545.

Potassium hydroxide: Pellets BP 1963 in 50-kg lots £1,978 metric ton, sticks not offered; technical flakes £696.50.

Potassium sodium tartrate: £1,038 per metric ton.
Sodium hydroxide: Pellets BP 1973 in 50-kg lots £0.82-£1.57 kg.

Sodium nitrate: Recrystallised £0.88 kg for 50 kg lots; BPC £0.94.

Sodium sulphite: Crystals £0.192 kg (500 kg minimum).

Talc: BPC sterilised £646 metric ton in 50-kg; £388 for 1,000-kg lots.

Zinc acetate: Pure £1.31 kg in 50-kg lots.

Zinc carbonate: Pharmaceutical grade £660 per metric ton.

Zinc chloride: Anhydrous powder £450 metric ton, delivered U.K.

Crude drugs

Balsams (kg) Canada: Easier at £12.40 on the spot, shipment, £12.30, cif. **Copaiba:** £3.35, spot, £3.25, cif. **Peru:** £9.95 spot; £9.85, cif. **Tolu:** £6.15.

Camphor: Natural powder £10.25 kg, spot; £7.95 kg, cif. Synthetic 96% £1.30, spot £1.24 cif.

Cascara: £1,535 metric ton spot; £1,495, cif.

Cherry bark: Spot £1,150 metric ton; shipment £1,150, cif.

Gentian root: £2,275 metric ton spot; £2,200, cif.

Jalap: Unquoted.

Kola nuts: £450 metric ton spot; £420, cif.

Lemon peel: Unavailable.

Liquorice root: Root, no spot; £590, cif, nominal Block juice £1,400 metric ton spot; Spray-dried £1,550.

Sarsaparilla: Jamaican £2,650 metric ton spot; £2,620, cif.

Valerian: Dutch £1,895 metric ton spot; £1,620, cif. Indian £1,900 spot; £1,400, cif.

Essential and expressed oils

Bois de rose: £7.40 kg spot; £7.60 kg, cif.

Camphor: White £0.85 kg spot; £0.88, cif.

Cassa: Chinese £52.50 kg spot; £55, cif.

Citronella: Ceylon £3.55 kg spot; £3.40, cif. Chinese £3.70 spot; £3.65, cif.

Ginger: Chinese £28 kg spot; £25.65, cif. English—distilled (W. African Govt.) £95; (Indian £50).

Olive: Spanish £1,460 per metric ton in 200-kg drums exwharf; Mediterranean origin £1,440.

Drawback: £207.61 ton on Spanish after packing in containers of 5 litres or less.

Palmarosa: £13 kg spot; £12.60, cif.

Patchouli: Chinese £19.50 spot; £18.45, cif.

Petitgrain: Paraguay £8.50 spot and cif.

Vetiver: Java £13.50 kg spot; £13, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Advance Information

Clinical Pharmacology and Therapeutics World Conference, Wembley Conference Centre, Empire Way, Wembley, London, from August 3-9. Fees are £155 for delegates, £60 for guests. Further information from Conference Associates CPT, 34 Stanford Road, London W8 5PZ.

Printing for Packaging Course, The White House, University of Sussex, from September 1-5. Registration (£258.75 for members, £287.50 non-members) to the Education Officer, Institute of Packaging, Fountain House, 1A Elm Park, Stanmore, Middlesex HA7 4BZ.

South East Region postgraduate residential course, Brighton Polytechnic, Varley Hall of Residence, Coldean Lane, Brighton, from September 2-5. "Biopharmaceutical considerations of drugs and medicines". The course is available to all pharmacists but only those providing part IV NHS services are eligible for travelling and subsistence allowances. Priority will be given to retail pharmacists who qualified before 1970. Further information from Dr R. W. Daisley, Course tutor, Department of Pharmacy, Brighton Polytechnic, Moulsecoomb, Brighton BN2 4GJ.

Salisbury Gift and Jewellery Trade Fair, City Hall, Salisbury, Wiltshire, from September 7-11. Further information from Shearwater Communications Services, 12 Fieldside Road, East Hagbourne, Oxfordshire Oxon OX11 9LQ.

Point of Sale '80 Exhibition, West Centre Hotel, London, from September 9-11. A two day conference will be held on September 10-11. Further information from Batiste Exhibitions and Promotions Pembroke House Campsbourne Road, London N8.

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